

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF	COURT CASE NUMBER 04-10291-RWZ	
John F. Richards		
DEFENDANT	TYPE OF PROCESS 550 Prisoner/Civil Rights	
UMass. Correctional Medical Services et;al,		
SERVE	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Legal Counsel-UMass. Correctional Health program	
→	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)	
AT	1 Research Drive., Suite-#120C. Westborough, Massachusetts 01581.	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:		
<input type="checkbox"/> John F. Richards C-#49993/C-1 #22B. MCI-Shirley (Medium). P.O.Box-1218/Harvard Road. Shirley, Massachusetts 01464		Number of process to be served with this Form - 285 Number of parties to be served in this case Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

The address above is all the information I have regarding this company and how they can be reached.

Signature of Attorney or other Originator requesting service on behalf of: <i>John F. Richards</i>	<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	DATE
	<input type="checkbox"/> DEFENDANT	NONE	3/11/04.

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process 1	District of Origin No. 38	District to Serve No. 38	Signature of Authorized USMS Deputy or Clerk <i>Mary Galavera</i>	Date 3/15/04
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I hereby certify and return that I have personally served, I have legal evidence of service, I have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above) <i>Valerie Macleod Receptionist</i>	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.
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Address (complete only if different than shown above)	Date of Service 4/1/04	Time 12:15 pm
	Signature of U.S. Marshal or Deputy <i>John Weller</i>	

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS:

UNITED STATES DISTRICT COURT

(BOSTON) District of MASSACHUSETTS

John F. Richards
Plaintiff,

V.
UMass,
Correctional Medical Serv.
et;al, Defendants,

SUMMONS IN A CIVIL CASE

CASE NUMBER:

04-10291-RWZ

TO: (Name and address of Defendant)

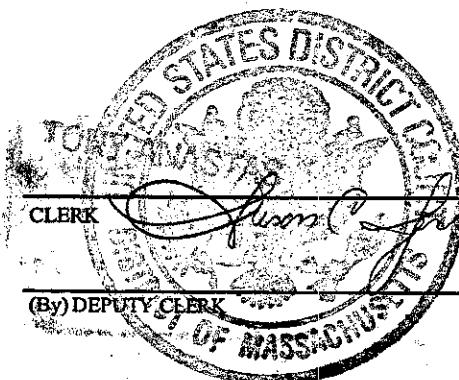
UMass.Correctional Health Program
1 Research Drive.,Suite-#120C.
Westborough, Massachusetts

01581.

YOU ARE HEREBY SUMMONED and required to serve on PLAINTIFF'S ATTORNEY (name and address)

John F. Richards pro-se,
C-#49993/C-1 #22B.
MCI-Shirley (Medium).
P.O.Box-1218/Harvard Road.
Shirley, Massachusetts
01464.

an answer to the complaint which is served on you with this summons, within 30 days after service of this summons on you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. Any answer that you serve on the parties to this action must be filed with the Clerk of this Court within a reasonable period of time after service.



DATE

3-8-04

(By) DEPUTY CLERK

TONY ANASTAS
CLERK OF COURT

TELEPHONE: 617-748-9152

DATE: 3/9/04

IN RE:

CIVIL ACTION NO.

John F. Richards

04 • 10291 RWZ

NOTICE TO PLAINTIFF

Upon receipt of the enclosed forms, you are required to complete the necessary forms and furnish the United States Marshal with the following:

- (1) one copy of the original complaint for service on each named defendant;
- (1) one original summons for each named defendant;
- (1) one copy of each original summons for service on each named defendant;
- (1) one copy of USM-285 (Process Receipt and Return) for service on each named defendant;
- (1) one copy of the application to proceed without prepayment of fees and the order approving the application for service on each named defendant.

Upon completion of each package of the above forms, please forward them to the

Office of the United States Marshal
United States Courthouse
Civil Section - Room 1600
1 Courthouse Way
Boston, Massachusetts 02210

(Notice - Service by USM.Rpd - 12/98)